

2010

The Arizona Governor's Office
C·H·O·I·C·E·S Access to Recovery Program

Yavapai County Final Report

Funded by the Center for Substance Abuse Treatment
October 1, 2007 – September 29, 2010

Prepared by Pima Prevention Partnership
9/29/2010

Executive Summary¹

Yavapai County was one of three counties initially recruited to participate in Arizona's Access to Recovery program and began provider and client recruitment in early 2008. At the outset, clients were recruited exclusively from the drug court population; however, beginning April 2009, this was expanded to include any individual who was on probation and met the criteria for being methamphetamine-affected.

Demographics

The gender distribution in the Yavapai County ATR client population mirrors the overall county population fairly closely, with only slightly more males than females in the program (52.6% and 47.4% respectively). Additionally, slightly more clients in the ATR program identify as Hispanic than in the overall county population (16.5% versus 13.2%). Because the Hispanic population is frequently overrepresented in at-risk populations as a whole, this distribution is somewhat expected.

Alcohol and Illegal Drug Use

Although all categories of alcohol and illegal drug use saw a reduction between intake and the six-month follow-up, it is of particular interest that there was a 83.8% decrease in illegal drug use. The decrease in the average number of days was statistically significant for clients reporting use of any type of illegal drug, from an average of 2.48 days to 0.34 days; marijuana use, where the average number of days reported declined from 0.82 to 0.16; and methamphetamine use, which decreased from an average of 1.96 days to 0.26 days. Alcohol and other types of illegal drug use decreased as well but not significantly.

Physical and Emotional Health

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. Initially 19.4% of clients rated their health as only "fair," whereas by the six-month follow-up the percentage had decreased to 10.6%. At the other end of the spectrum, the percentage of clients rating their overall health as "excellent" increased from 14.7% to 21.8%, a 48.0% increase.

Medical Treatment Services: One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Clients seeking outpatient treatment services, whether for physical, emotional, or substance use-related, increased during the six month period. Because of the nature of the ATR program, it is not surprising to see an increase in the percentage of clients accessing outpatient treatment for alcohol or drug problems. Additionally, this may

¹ The report assumes the reader has some prior knowledge about the Arizona ATR program.

suggest that the treatment services provided through the ATR program were being accessed and utilized as the program had intended.

Emotional Health Issues Caused by Alcohol or Illegal Drug Use: As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. A positive shift was observed in the percentage of clients indicating “extreme” distress towards “not at all.” Perhaps of more significance, however, is the percentage of clients who reported that this question was “not applicable” by the six-month follow-up. Less than one third (32.9%) of the clients fell into the “not applicable” category for alcohol- or illegal drug-induced stress at intake. By the six-month follow-up this had increased to 85.9%. Similarly, the questions regarding substance use causing a reduction in activities and causing emotional problems were not applicable for 40.6% and 38.2% of the population, respectively, at intake and for 86.5% and 87.6%, respectively, by the six-month follow-up.

Emotional Health Issues not Caused by Alcohol or Illegal Drug Use Risky Behavior: Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Reductions in the percentage of clients who were affected by emotional health issues not related to alcohol and/or illegal drug use in the previous 30 days were also seen. Specifically, the percentage of clients reporting they were experiencing depression that was not due to their alcohol and drug use declined 30.5%, and the percentage who experienced serious anxiety in the previous 30 days decreased by 14.9% between intake and follow-up. Declines in the percentage of clients who reported having trouble concentrating or understanding (-23.5%) and clients who were unable to control violent behavior (-25.0%) were seen as well. The average number of days clients indicated experiencing serious anxiety decreased significantly from 7.68 to 4.74, as did the average number of days clients reported experiencing depression (from 5.51 to 2.87 days). The average number of days clients were able to concentrate or understand at the six-month follow-up dropped significantly to 4.05 from the intake average of 6.05 days. The average number of days that clients reported experiencing hallucinations or being unable to control violent behavior declined as well, but did not reach statistical significance.

Risky Behavior: Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual’s inhibitions. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. The percentage of clients engaging in sexual activity decreased by 12.0% within the six months between intake and follow-up. Similarly, the average number of sexual contacts decreased, from 8.11 contacts to 7.59 contacts, as did the number of unprotected sexual contacts, which averaged 7.05 times at intake and 6.42 times at the six-month follow up, although neither change was statistically significant.

Connection to Individual and Community Support Systems

Recovery and Social Support: Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system

available. Nearly 20% (19.1%) more clients attended self-help groups such as Alcoholics Anonymous and Narcotics Anonymous six months after their intake than did when they first entered the ATR program; however, the majority of clients (64.7%) participated in self-help groups even at intake. The largest increase was seen in attendance at other organizations that support recovery for which 61.1% more clients attended recovery support organizations at the six-month follow-up than at intake. Religious self-help groups were the only category that showed a decrease in participation.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. The greatest change in the reported primary source of support occurred in the “friends” category, where 42.3% more clients turned to friends after six months than did at intake. Nearly 30% (29.6%) reported “other” as their primary source of support. Of those that chose this category, clients most frequently indicated they turned to God or to their sponsor. Conversely, a 13.3% decrease was indicated for family members as a primary source of support. This may be the result of clients removing themselves from unhealthy social environments as they pursue recovery.

Employment and Education: As individuals work toward recovery, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. The percentage of clients reported full time employment increased by 52.9% and the percentage of clients reporting part-time employment increased by 128.6%. A considerable decrease in those who were unemployed but looking for work (-56.3%) was reported, as was a 10% decline in the percentage of clients who were not employed and not looking for work.

Housing Stability: Yet another fundamental aspect contributing to clients’ accomplishments as they move through the recovery process is housing stability. Changes in housing stability can be difficult to interpret because the housing needs of this population changes frequently as they progress through recovery. Additionally, housing changes for a minimal number of clients can equate to a rather large change in percentage. Of note however, are the increases of 116.7% in clients living in a half-way house and the 62.2% decrease in those living in an institution. The increase seen in the percentage of clients living in halfway houses suggests clients may have been accessing housing assistance services available through ATR.

Criminal Justice Involvement

The percentage of clients involved in the criminal justice system and in illegal activity declined during the six months between intake and the six-month follow-up. An 81.9% reduction was reported in the percentage of clients who committed a crime in the previous 30 days. A 75.8% reduction was seen in the percentage of clients arrested, and a 92.6% reduction was seen in arrests for drug-related offenses. Clients who spent at least one night in jail declined from 45.3% at intake to 14.7% at the six-month follow-up. At intake, the average number of crimes committed was 3.19. By the six-month follow-up this was down to an average of 0.38 crimes. This was a statistically significant decrease. The average number of nights spent in

confinement decreased, from 6.82 at intake to 2.55 at the six-month follow-up, as did the number of times arrested, from 0.21 to 0.05, during the six month time period. Both of these decreases showed statistical significance.

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Arizona CHOICES Access to Recovery

In 2003, President George W. Bush proposed in his State of the Union Address a new three-year competitive discretionary grant program to provide people seeking drug and alcohol treatment services with vouchers to pay for a range of appropriate community-based clinical treatment and recovery support services. The program was launched in August 2004 when the President announced the first three-year Access to Recovery (ATR) grants.

In 2007, a second round of ATR grants (ATR II) was announced. The State of Arizona Governor's Office for Children Youth and Families (GOCYF) applied for an ATR II grant and in September 2007, was awarded approximately \$8.3 million over three years, from 2007-2010. The grant is administered by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT).

The goals of the AZ ATR program, called Changing How Open Independence Can Ensure Success (CHOICES), were to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services. AZ ATR did this by developing and implementing a cost-effective treatment and recovery support services voucher system for individuals with methamphetamine-related substance use disorders.

Yavapai County

Yavapai County is the smallest of the three original counties being served through ATR, with 215,686 residents as of the 2009 population count within an 8,123 square mile area. Just over 13% (13.2%) of Yavapai County residents identify as Hispanic and 82% identify as white/non-Hispanic.

Yavapai County Drug Court, instituted in 2000, was well established by the time the ATR program was launched. As one of the initial county drug courts participating in Arizona's ATR program, Yavapai County Drug Court began provider and client recruitment in early 2008. At the outset, clients were recruited exclusively from the drug court population; however, beginning April 2009, this was expanded to include any individual who was on probation and met the criteria for being methamphetamine-affected².

ATR data

Once an individual's eligibility for the ATR program has been established, an intake interview is conducted, part of which includes a staff-administered Government Performance and Results Act (GPRA) instrument. The GPRA is also administered six months after the client's intake and again when the client is discharged from the ATR program. The findings in this report are based on data collected from the GPRA at intake and again at the six-month follow-up.

²Methamphetamine-affected is defined as methamphetamine use within the previous 90 days.

Because discharge may happen later than the six-month follow-up, fewer clients have complete discharge information. Therefore, those data have not been included in this analysis.

Results

As of August 31, 2010, Yavapai County ATR had 170 clients with both intake and 6-month follow-up data.

Demographics

The gender distribution in Yavapai County is approximately equal (51% females). The ATR client population gender distribution is nearly identical to that seen in the county, with females representing 51.2% of the population. Table 1 categorizes the gender percentages.

Table 1: Client Gender

N=170	N	%
Male	83	48.8%
Female	87	51.2%

Slightly more clients in the ATR program identify as Hispanic than in the overall county population (14.7% versus 13.2%). Because the Hispanic population is frequently overrepresented in at-risk populations as a whole, this nearly equal distribution is somewhat unexpected. In addition 87.6% identified as white. The wording in the GPRA asking for ethnicity and race does not make Hispanic and other races mutually exclusive so there will be overlap among the Hispanic ethnicity and the race categories.

Table 2: Client Ethnicity and Race

N=170	N	%**
Hispanic*	25	14.7%
White	149	87.6%
African American	2	1.2%
Native American	28	16.5%
Other	2	1.2%

*Hispanic origin ethnicity is considered separate from race.

**Because client can indicate more than one race, total may not equal 100%.

Alcohol and Illegal Drug Use

The intentions behind ATR's goals to expand capacity, service availability, and support for individuals who need assistance in their attempts to quit using alcohol and illegal drugs is that successfully reaching these objectives would ultimately translate into decreases in client alcohol and drug use. Between the client's intake and 6-month follow-up assessment, one would expect a program that is experiencing successes to see the alcohol and drug use rates decrease. Table 3 provides a breakdown of the percentage of clients reporting alcohol at intake and again at the six-month follow-up.

Table 3: Percent of clients reporting alcohol and/or illegal drug use at intake and follow-up

N=170	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
clients reporting alcohol use	22.4%	6.5%	-71.1%
clients reporting intoxication 5+ drinks	11.4%	2.6%	-77.3%
clients reporting intoxication 1-4 drinks	12.9%	4.6%	-64.0%
clients reporting illegal drug use	40.0%	6.5%	-83.8%
clients reporting both alcohol and illegal drug use	13.5%	1.8%	-87.0%
clients reporting marijuana use	10.6%	2.4%	-77.8%
clients reporting heroin use	2.4%	1.2%	-50.0%
clients reporting methamphetamine use	37.1%	4.7%	-87.3%

All categories of alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was a 83.8% decrease in illegal drug use. However, it is important to note that these clients were also involved in the county drug court at the time of their involvement with ATR, so caution should be taken when interpreting these outcomes as it is difficult to discern the extent to which each of these programs impacted the data.

In addition to reviewing the percentage of individuals who report using alcohol, an assessment of the frequency can be indicative of whether clients who may still be struggling to abstain from alcohol or illegal drug use are, at minimum, showing a reduction in the frequency of their substance use. Table 4 provides the average number of days of use at intake and the 6-month follow-up and whether any changes reached statistical significance.

Table 4: Average number of days clients used alcohol and/or illegal drugs

N=170	Average at Intake	Average at 6 month follow-up	Statistically Significant Change?
In the past 30 days...			
# of days clients reported alcohol use	0.84	0.17	yes
# of days clients reported drinking 5+ drinks	0.40	2.60	no
# of days clients reported drinking 1-4 drinks	0.40	1.40	no
# of days clients reported illegal drug use	2.48	0.34	yes
# of days clients reported using both alcohol and illegal drugs	0.50	8.00	no
# of days clients reported marijuana use	0.82	0.16	yes
# of days clients reported heroin use	0.05	0.04	no
# of days clients reported methamphetamine use	1.96	0.26	yes

$p < 0.05$

The decrease in the average number of days was statistically significant for clients reporting use of any type of illegal drug, from an average of 2.48 days to 0.34 days; marijuana use, where the average number of days reported declined from 0.82 to 0.16; and methamphetamine use, which decreased from an average of 1.96 days to 0.26 days. Alcohol use and other types of illegal drug use decreased as well, but not significantly.

Physical and Emotional Health

Illegal drug and alcohol use frequently causes marked changes in an individual's physical and mental health. As clients begin their recovery process, their perceptions of, and focus on, physical and emotional health changes. Once their bodies are no longer being subjected to chemicals, clients may feel the improvements in their physical and mental well-being. Conversely, clients may become aware of health issues for the first time and find the need to focus on the *lack* of physical or mental well-being. Regardless of the direction of change, success cannot be measured by constants, but rather by assessing the changes as reported by the clients themselves. Table 5 shows the overall health status as reported by the clients and the percentage of change between the intake and six-month follow-up.

Table 5: Overall health status as reported by clients at intake and follow-up

N=170	% at Intake	% at 6 month follow-up	% Change
Current Overall Health			
Excellent	14.7%	21.8%	48.0%
Very Good	28.2%	30.6%	8.3%
Good	35.9%	33.5%	-6.6%
Fair	19.4%	10.6%	-45.5%
Poor	1.8%	3.5%	100.0%

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. While 19.4% rated their health as only “fair” at intake, by the six-month follow-up 10.6% of the clients rated their overall health as “fair.” At the other end of the spectrum, the percentage of clients rating their overall health as “excellent” increased from 14.7% to 21.8%, a 48.0% increase. Although the percentage increase of 100% for “poor” is accurate, it is important to remember that the population reporting this is fairly small so this percentage may be somewhat misleading and should be viewed with caution.

Medical Treatment Services

Shifts seen in the types of medical treatment services clients are accessing may be indicative of their progress toward recovery. One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Table 6 provides the percentage of clients accessing each type of service within the past 30 days as well as the percentage of change between intake and the six-month follow-up.

Table 6: Percent of clients receiving medical treatment for physical, mental and substance abuse

N=170	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
Received ER treatment for physical problem	14.1%	13.5%	-4.2%
Received inpatient treatment for physical problem	2.9%	1.8%	-40.0%
Received outpatient treatment for physical problems	12.4%	20.6%	66.7%
Received ER treatment for alcohol or drug problems	1.2%	0.0%	-100.0%
Received inpatient treatment for alcohol or drug problems	11.2%	2.9%	-73.7%
Received outpatient treatment for alcohol or drug problems	21.2%	60.6%	186.1%
Received ER treatment for mental or emotional problems	2.4%	0.6%	-75.0%
Received inpatient treatment for mental or emotional problems	4.1%	1.8%	-57.1%
Received outpatient treatment for mental or emotional problems	7.6%	12.4%	61.5%

Clients seeking outpatient treatment services, whether for physical, emotional, or substance use-related, increased during the six month period. Because of the nature of the ATR program, it is not surprising to see an 186.1% increase in the percentage of clients accessing outpatient treatment for alcohol or drug problems. Additionally, this may suggest that the treatment services provided through the ATR program were being accessed and utilized as the program had intended.

Emotional Health Issues Caused by Alcohol and/or Illegal Drug Use

The effects of alcohol and drug use frequently impact emotional health. An individual's perception as to the severity of their distress alludes to the depth of their alcohol- and/or drug-induced emotional health issues. One indication of client recovery efforts is the reduction in the relative level that clients feel disturbed by these emotional health issues. ATR service providers, such as substance use counseling and treatment, were available to support the clients with their recovery efforts. Table 7 provides the percentage of clients who respond to each category of perceived levels of distress as well as the percentage of change between intake and the six-month follow-up.

Table 7: Level of perceived distress over alcohol and/or illegal drug use

N=170		% at Intake	% at 6 month follow-up	% Change
In past 30 days AOD...				
Caused stress				
	Not at all	4.1%	1.8%	-57.1%
	Somewhat	25.9%	3.5%	-86.4%
	Considerably	9.4%	2.9%	-68.8%
	Extremely	27.1%	5.9%	-82.1%
	Not Applicable*	32.9%	85.9%	
Caused reduction in activities				
	Not at all	13.5%	7.1%	-47.8%
	Somewhat	28.2%	1.8%	-93.8%
	Considerably	4.7%	2.9%	-37.5%
	Extremely	12.4%	1.8%	-85.7%
	Not Applicable*	40.6%	86.5%	
Caused emotional problems				
	Not at all	5.9%	3.5%	-40.0%
	Somewhat	26.5%	5.3%	-80.0%
	Considerably	11.8%	1.2%	-90.0%
	Extremely	17.6%	2.4%	-86.7%
	Not Applicable*	38.2%	87.6%	

*applies only to individuals who used alcohol and/or illegal drugs in past 30 days

As indicated in Table 7, there was a shift from percentage of clients indicating “extreme” distress towards “not at all.” Perhaps of more significance, however, is the percentage of clients to whom this question was “not applicable” by the six-month follow-up. The GPRA is designed so that if a client has not used alcohol or illegal drugs in the past 30 days, the question is “not applicable.” For each of the three questions, the percentage of individuals for whom this question no longer applied increased dramatically. Less than one third (32.9%) of the clients fell into the “not applicable” category for causing stress at intake. By the six-month follow-up this had increased to 85.9%. Similarly, the questions regarding substance use causing a reduction in activities and causing emotional problems were “not applicable” for 40.6% and 38.2% of the population, respectively, at intake and 86.5% and 87.6%, respectively, by the six-month follow-up.

Emotional Health Issues Not Caused by Alcohol and/or Illegal Drug Use

Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Once the alcohol and drug use is removed, these issues may present themselves at the forefront and require the clients to

confront their problems. ATR services included counseling to assist clients in dealing with these issues. As with other aspects of their physical and emotional health, resolving the underlying emotional health issues reported by the clients may aid them in their overall recovery. Table 8 presents the percentage of clients who reported experiencing emotional health issues not related to alcohol or drug use in the past 30 days.

Table 8: Percent of clients experiencing emotional health issues not related to alcohol and/or illegal drug use

N=170	% at Intake	% at 6 month follow-up	% Change
In the past 30 days not due to AOD use...			
clients experiencing depression	48.2 %	33.5%	-30.5%
clients experiencing serious anxiety	55.3%	47.1%	-14.9%
clients experiencing hallucinations	5.9%	1.8%	-70.0%
clients who were unable to concentrate/ understand	40.0%	30.6%	-23.5%
clients who were unable to control violent behavior	7.1%	5.3%	-25.0%
clients who attempted suicide	1.2%	0.6%	-50.0%

Reductions in the percentage of clients who were affected by emotional health issues in the previous 30 days not related to alcohol and/or illegal drug use were also evident. In particular the percentage of clients reporting they were experiencing depression not due to their alcohol and drug use declined 30.5%, from 48.2% at intake to 33.5% at the six-month follow-up. The percentage of clients who reported experiencing serious anxiety in the previous 30 days decreased by 14.9% between intake and follow-up. Reductions in the percentage of clients who reported having trouble concentrating or understanding (-23.5%) and clients who reported being unable to control violent behavior (-25.0%) were seen as well. The large percentage of changes for percentage of clients who were experiencing hallucinations or who had attempted suicide should be interpreted with caution due to the small population size these percentages represent.

The frequency with which clients experience these emotional health issues is an important indicator of how much the clients are struggling with these feelings. Table 9 shows the average number of days the clients have experienced emotional challenges and whether any changes were statistically significant.

Table 9: Average number of days clients experienced emotional health issues not related to alcohol and/or drug use

N=170	Average at Intake	Average at 6 month follow-up	Statistically Significant Change?
In the past 30 days not due to AOD use...			
# of days experiencing depression	5.51	2.87	yes
# of days experiencing serious anxiety	7.68	4.74	yes
# of days experiencing hallucinations	0.69	0.38	no
# of days unable to concentrate/understand	6.05	4.05	yes
# of days unable to control violent behavior	0.58	0.15	no
# of times attempted suicide	0.01	0.01	no

$p < 0.05$

The average number of days clients indicated experiencing serious anxiety decreased significantly from 7.68 to 4.74. Likewise, the reduction in the average number of days clients reported experiencing depression showed a statistically significant decrease from 5.51 to 2.87 days. The number of days clients were unable to concentrate or understand at intake averaged 6.05. By the six-month follow-up, this had dropped significantly to an average of 4.05 days. The average number of days clients reported experiencing hallucinations or being unable to control violent behavior declined as well, but did not reach statistical significance.

Risk Behaviors

Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual's inhibitions. Not surprisingly these risk behaviors may jeopardize the physical health of these individuals. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. Table 10 presents the percentage of clients engaging in risky behavioral activities and the average frequency of these activities.

Table 10: Percent of clients engaging in sexual activity and the average number of reported risky sexual contacts

N=170	Intake	6 month follow-up	% Change
In the past 30 days...			
% of clients engaging in sexual activity	44.1%	38.8%	-12.0%
Average # of sexual contacts	8.11	7.59	no
Average # of unprotected sexual contacts	7.05	6.42	no
Average # of unprotected sexual contacts with an IV drug user	0.75	1.21	no
Average # of unprotected sexual contacts with a person who is HIV/AIDS+	*	*	*

*Too few pairs existed to compare the means

p<0.05

The percentage of clients engaging in sexual activity decreased by 12.0% within the six months between intake and follow-up. Similarly, the average number of sexual contacts decreased, from 8.11 contacts to 7.59 contacts, as did the number of unprotected sexual contacts, averaging 7.05 times at intake and 6.42 times at the six-month follow up; neither of these decreases was statistically significant. Few clients reported engaging in unprotected sexual contacts with IV drug users, and although this increased slightly at the six-month follow-up, the number of individuals this represents is nominal.

Connection to Individual and Community Support Systems

Fundamental to achieving recovery from substance use is an individual's successful reintegration into their communities. The extent to which the client connects to social support, at both an individual and a community level, may be indicative of their successes in this realm. Following are outcome results for three indicators of individual and community connectedness: individual recovery and support systems, community contribution through work or school, and housing stability.

Recovery and Social Support

Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Table 11 presents the percentage of individuals who have developed helpful support systems through self-help groups and/or with supportive family and friends.

Table 11: Percent of clients who indicate having social support through self-help groups and/or supportive family members and friends

N=170	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
Attended voluntary self-help groups	64.7%	77.1%	19.1%
Attended religious self-help groups	24.1%	18.8%	-22.0%
Attended other organizations that support recovery	21.2%	34.1%	61.1%
Interacted with family members who support recovery	92.4%	94.1%	1.9%

Nearly 20% (19.1%) more clients attended self-help groups such as Alcoholics Anonymous and Narcotics Anonymous six months after their intake than did when they first entered the ATR program; however, the majority of clients (64.7%) participated in self-help groups even at intake. The largest increase was seen in attendance at other organizations that support recovery, for which 61.1% more clients attended recovery support organizations at the six-month follow-up than at intake. Religious self-help groups was the only category that showed a decrease in participation. At intake, 24.1% of clients reported participating in religious self-help groups, a percentage that declined by 22.0% to 18.8% by the six-month follow-up. A less than a 2% increase (1.9%) was observed for interactions with supportive family members.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. Sometimes clients may find that this support person changes when they begin their recovery process and discover new, healthier support relationships. Table 12 relays the clients' responses as to whom they consider to be their primary support at intake and at the 6-month follow-up. The percentage of change is also included.

Table 12: Percent of clients indicating a primary source of support at intake and 6-month follow-up

N=170	% at Intake	% at 6 month follow-up	% Change
Whom do you turn to when you're having problems			
No one	6.5%	2.4%	-63.6%
Clergy member	0.6%	1.8%	200.0%
Family member	61.8%	53.5%	-13.3%
Friends	15.9%	21.8%	42.3%
Other	15.9%	20.6%	29.6%

The greatest change in the reported primary source of support occurred in the “friends” category, where 42.3% more clients turned to friends after six months than did at intake. Nearly 30% (29.6%) reported “other” as their primary source of support. Of those that chose this category, clients most frequently indicated they turned to God or to their sponsor. Conversely, a 13.3% decrease was indicated for family members as a primary source of support. Again, this may be the result of clients removing themselves from unhealthy social environments as they pursue recovery.

Employment and Education

As individuals work on their alcohol and illegal drug use issues, as well as any other emotional issues they need to address, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. Because clients may have been out of the workforce for a lengthy period of time or lack the training and skills to obtain adequate employment, ATR service providers were available to provide career and training guidance. Table 13 presents the percentage of clients reporting each employment status, and Table 14 shows the percentage of clients reporting each school or training status.

Table 13: Percent of clients indicating employment status at intake and 6-month follow-up

N=170	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
clients reporting full time employment	20.0%	30.6%	52.9%
clients reporting part time employment	12.4%	28.2%	128.6%
clients reporting unemployed—looking for work	47.1%	20.6%	-56.3%
clients reporting unemployed—not looking for work	11.8%	10.6%	-10.0%

The percentage of clients reporting full-time employment increased by 52.9%. The percentage of clients who had obtained part-time employment increased 128.6%, from 12.4% at intake to 28.2% at the follow-up. A considerable decrease was apparent in the percentage of clients who reported unemployment, but looking for work (-56.3%); a 10% decline in the percentage of clients who were not employed and not looking for work was also apparent.

Table 14: Percent of clients indicating school/training status at intake and 6-month follow-up

N=170	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
clients currently enrolled in school/training full time	0.6%	3.5%	500.0%
clients currently enrolled in school/training part time	4.1%	5.9%	42.9%
clients not enrolled in school or training	94.1%	90.6%	-3.8%

Relatively small changes were seen in the percentage of clients enrolled in school or training. A 500.0% increase in the percentage of clients attending school or training full-time was observed; however, it should be noted that this represents an increase from one individual at intake to six at the six-month follow-up. Similarly, an increase from 4.1% of clients enrolled part-time at intake to 5.9% equates to a change of 42.9%. Again this represents a comparatively small number of clients.

Housing Stability

Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is stability. This includes housing stability, which is often missing when clients first enter the program. Through ATR services, aid was available to help clients become more stable in their housing situation, whether it was from transitional housing, or by assisting the clients to the point where they are able to secure stable housing on their own. Table 15 represents the clients housing status as reported at intake and the 6-month follow-up.

Table 15: Percent of clients indicating current housing status at intake and 6-month follow-up

N=170	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
clients living in a shelter	0.6%	0.6%	0.0%
clients living outdoors/ streets	0.6%	0.0%	-100.0%
clients living in an institution	26.5%	10.0%	-62.2%
clients housed—living in their own house/apartment	30.0%	28.8%	-3.9%
clients housed—living in someone else's house/apartment	22.4%	20.0%	-10.5%
clients housed—living in a halfway house	17.6%	38.2%	116.7%
clients housed—living in residential treatment	1.2%	1.8%	50.0%
clients living in other type of housing	1.2%	0.6%	-50.0%

Changes in housing stability can be difficult to interpret because the housing needs of this population changes frequently as they progress through recovery. Additionally, as mentioned previously in this report, large percentages of change should be viewed with caution when it represents a minimal number of clients compared to the population size. This is evident in Table 15 in which one client can result in a change of 100% in either direction. Of note however, are the increases of 116.7% of clients living in a half-way house and the 62.2% decrease in those living in an institution. The increase seen in the percentage of clients living in halfway houses suggests clients have been accessing services available through ATR.

Criminal Justice Involvement

Initially Yavapai County clients were recruited directly from the criminal justice system directly through the county's drug court. In April 2009, recruitment efforts were expanded to include the general probation population. Simply by nature of the client recruitment population, it was established prior to intake into the ATR program that these clients had involvement in the criminal justice system. Reducing involvement with the criminal justice system can be a lengthy process; however, improvements can be shown by the progression through the system.

Table 16: Percent of clients indicating involvement with criminal justice system at intake and 6-month follow-up

N=170	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
Arrested one or more times	19.4%	4.7%	-75.8%
Arrested for drug related offences	15.9%	1.2%	-92.6%
Spent at least one night in jail	45.3%	14.7%	-67.5%
Committed a crime	42.4%	7.6%	-81.9%
Currently awaiting charges, trial, or sentencing	11.8%	8.2%	-30.0%
Currently on parole or probation	94.7%	94.1%	-6.2%

The percentage of clients involved in the criminal justice system and in illegal activity declined during the six months between intake and the follow-up. An 81.9% reduction was reported in the percentage of clients who committed a crime in the previous 30 days. A 75.8% reduction was also seen in the percentage of clients arrested, and a 92.6% reduction was seen for clients

reporting arrest for drug-related offenses. Clients who spent at least one night in jail declined from 45.3% at intake to 14.7% by the six-month follow-up.

Table 17: Average number of criminal justice encounters as indicated at intake and 6-month follow-up

N=170	Average at Intake	Average at 6 month follow-up	Statistically Significant?
In the past 30 days...			
# of times arrested	0.21	0.05	<i>yes</i>
# of times arrested due to drugs	0.50	0.25	<i>no</i>
# of nights spent in confinement	6.82	2.55	<i>yes</i>
# of crimes committed	3.19	0.38	<i>yes</i>

p<0.05

At intake, the average number of crimes committed was 3.19. By the six-month follow-up this was down to an average of 0.38 crimes, a statistically significant decrease. The average number of nights spent in confinement decreased (6.82 at intake to 2.55 at the six-month follow-up) as did the number of days arrested, from 0.21 to 0.05 during the six month time period. Both of these also reached statistical significance.

Summary

The Yavapai County ATR client population showed overall success in many aspects of their recovery process. Decreases were seen in both the percentage of clients using and the average number of days alcohol and illegal drugs were used. These changes were statistically significant for alcohol use, general illegal drug use, marijuana use and methamphetamine use.

Clients reported increases in their perception of their overall health status. Clients also indicated that they were less disturbed by emotional health issues, both those caused by alcohol and illegal drug use and those apart from their substance abuse. These resulted in statistically significant decreases in the average number of days clients experienced depression, serious anxiety, and difficulties concentrating or understanding. Decreases in risky sexual behaviors were noted as well; although these decreases were encouraging, none were statistically significant.

From the clients' responses, it appeared that moderate movement toward building individual and community support networks was being made. Some increases were observed in the percentage of clients who attended one of three types of self-help support group. It was also noted that clients were relying less on family members and more on individuals clients were encountering during their recovery process, perhaps because they were building healthier social support systems.

The percentage of clients employed part-time increased, as did the percentage of clients with full-time employment, which corresponded with decreases in unemployment. No significant changes occurred in the percentage of clients involved in school or training, which was minimal at intake.

Shifts in housing stability were challenging to interpret due to the relatively small number of clients the change percentages represented. Most prominent was the increase in clients residing in halfway houses and the decline in those who in institutional housing. The increase utilization of halfway houses appears to suggest that clients were accessing some of the housing assistance services provided through the ATR program.

Reductions in criminal justice and criminal activity involvement were apparent across the board. Statistically significant decreases were reported for the average number of arrests, nights in confinement, and number of crimes committed.

It must be noted that these clients were participating in the county drug court program concurrent to their involvement in the ATR program, so it is somewhat challenging to determine from these data how much of the clients' progress can be attributed directly to their participation in the ATR program.